Report of Quality Council of India on Pathological Laboratories

*472. DR. K. MALAISAMY:
SHRI S. ANBALAGAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the core point in the report of Quality Council of India with special reference to pathological laboratories which are considered to be the backbone of medical profession;

(b) whether it is a fact that out of 25 lakh tests conducted every day, only one lakh are carried out in accredited laboratories and out of one lakh laboratories in India, only 100 are accredited by National Accredition Board for Testing and Calibration Laboratories (NABL);

(c) the measures taken or being taken to set right this alarming situation; and

(d) the time-frame within which it can be done?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMAN1 RAMDOSS): (a) to (d) As per information received from Quality Council of India (QCI), they have not published any report on pathological laboratories in India.

Accreditation of laboratories is done by the National Accreditation Board for Laboratories (NABL) which is an autonomous body, set up by QCI for the accreditation of testing and calibration of laboratories which include medical laboratories. Under the process of Laboratories Accreditation, NABL gives formal recognition of technical competence for specific tests/measurements, based on third party assessment. Accreditation is a voluntary process wherein Laboratories apply for accreditation to the accreditation body for assessment against an International Standard, ISO 15189 in this case.

NABL as on date has accredited 88 medical laboratories with varying scope for each laboratory depending upon the competence of the laboratory and report from the expert assessors.

For developing minimum standards for clinical establishments including diagnostic labs., the clinical establishments (Registration & Regulations) Bill, 2007, has already been introduced by this Ministry in Parliament. When enacted into a law, it will improve quality of health services by prescribing minimum standards for facilities & services with a view to standardizing health care services in the country.

Death of children due to Pneumonia

t*473. MISS ANUSUIYA UIKEY: Will the Minister of HEALTH AND FAMILY WEFLARE be pleased to state:

(a) the number of children who die due to pneumonia each year in the country. State-wise;

(b) the reasons for high rate of child mortality due to this disease, in some States; and

(c) whether Government will contemplate certain steps to prevent this disease by preparing an action plan in those States where the child mortality rate is comparatively higher than in the other States?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMAN1 RAMDOSS): (a) According to the Central Bureau of Health Intelligence (CBHI), the total number of pneumonia cases and deaths in the country for the years 2005, 2006 and 2007 respectively are as follows:

(i) 2005:—Cases—774023, Deaths—3513
(ii) 2006:—Cases—681560, Deaths—3342
(iii) 2007:—Cases—660390, Deaths—2865

The State-wise details for the years 2005, 2006 and 2007 are given in Statement I, II & III respectively *(See* below). However, age specific Pneumonia mortality data for the country is not available.

t Original notice of the question was received in Hindi.

Statement-/

Number of reported cases and deaths due to Principal Communicable Diseases in India 2005 Pneumonia in India, 2005

SI. No.	State/UT	Male		Female		Total		Reference Period
		Cases	Deaths	Cases	Deaths	Cases	Deaths	up to
1.	Andhra Pradesh	47122	98	45767	65	92889	163	Dec., 05
2.	Arunachal Pradesh	742	3	709	5	1451	9	Dec,05
3.	Assam	55268	414	13655	60	68923	474	Dec,05
4.	Bihar	0	0	0	0	0	0	NR
5.	Chhattisgarh	0	0	0	0	0	0	NR
6.	Goa	6	0	12	0	18	0	Apr., 05
7.	Gujarat	11647	27	10016	20	21663	47	Dec,05
8.	Haryana	5439	24	4590	16	10029	40	Dec,05
9.	Himachal Pradesh	17379	43	17303	22	34682	65	Dec,05
10.	Jammu & Kashmir					99558	0	Dec, 05
11.	Jharkhand	147	0	92	e	239	0	Dec-xcept Jan. to Mar.. 05
12.	Karnataka	27272	79	25614	48	52886	127	Dec,05
13.	Kerala	11679	21	9944	17	21623	38	Dec.05
14.	Madhya Pradesh	31080	48	26838	39	57918	373	Dec,05
15.	Maharashtra	14732	213	13525	160	28257	373	Dec,05
16.	Manipur	457	0	457	1	914	1	Dec,05
17.	Meghalaya	1580	26	1374	16	2954	42	Dec, 05
18.	Mizoram	2457	27	2135	19	4592	46	Dec, 05
19.	Nagaland	19	0	17	0	120	0	Dec, 05
20.	Orissa	6148	78	4256	46	10404	124	Dec,05
21.	Punjab	6159	54	5090	49	11249	103	Dec,05
22.	Rajasthan	48497	172	36615	81	85112	253	Dec,05
23.	Sikkim	1477	11	1454	1	2931	12	Dec,05
24.	Tamil Nadu					21272	81	Dec. 05
25.	Tripura	5218	41	5173	40	10396	81	Dec,05
26.	Uttarkhand	2784	2	2921	0	5705	2	Nov., 05
27.	Uttar Pradesh	18900	25	15436	13	34326	38	Dec,05
28.	West Bengal	24467	376	20808	232	45275	608	Aug., 05
29.	A&N Islands	251	4	152	2	403	6	Dec,05
30.	Chandigarh	0	0	0	0	0	0	NR
31.	D&N Heveli	215	3	14!	2	356	5	Dec,05
32.	Daman & Diu	9	0	5	0	14	0	Nov., 05
33.	Delhi	23306	408	14454	253	37760	661	Dec, 05
34.	Lakshadweep	44	2	35	1	79	3	Dec, 05
35.	Puducherry	5696	7	4329	4	10025	II	Dec, 05
	TOTAL	370197	2206	282912	1212	774023	3513	

Notes: ../NR Not Reported/Not received
Central Bureau of Health Intelligence
Source: Monthly Health Condition Reports of States/LJTs, Directorate of Health Services.

Statement-II

States/UTs wise Cases and Deaths due to Pneumonia in India, 2006

Sl. No	State/UT	Male		Female		Total		Reference Period up to
		Cases	Deaths	Cases	Deaths	Cases	Deaths	
1.	Andhra Pradesh	29287	65	28077	61	57364	126	Dec. except Aug., 06
2.	Arunachal Pradesh	598	4	461	6	1059	10	Dec,06
3.	Assam							NR
4.	Bihar							NR
5.	Chhattisgarh	2940	3	2002	4	4942	7	Dec. except Jan. & Sept 06
6.	Goa	64	0	57	0	121	0	Dec,06
7.	Gujarat	6445	91	5542	56	11987	147	Dec,06
8.	Haryana	6664	23	5348	17	12012	40	Dec,06
9.	Himachal Pradesh	18297	67	17457	19	35754	86	Dec,06
10	Jammu Dev.	25563	1	17636	1	91721	2	Dec,06
	Kashmir Div.	5180	0	4235	0	9415	0	Dec, 06
11	Jharkhand	1216	0	967	0	2183	0	Dec,06
12	Karnataka	24214	40	24080	10	48294	50	Dec,06
13	Kerala	13060	44	13047	18	26107	62	Dec,06
14	Madhya Pradesh	14079	11	13601	10	27680	21	July, 06
15	Maharashtra	17387	148	12253	95	29640	**243**	Dec,06
16	Manipur	436	2	382	2	818	4	Dec.06
17	Meghalavu	1428	39	1265	12	2693	**51**	Dec,06
18	Mizoram	2401	36	2069	24	4470	60	Dec,06
19	Nagaland	518	0	520	0	1038	0	Dec, 06
20	Orissa	7998	103	5967	56	13965	**159**	Dec, 06
21	Punjab	5154	60	3912	30	9066	90	Dec,06
22	Rajasthan	52304	201	40062	149	92366	350	Dec,06
23	Sikkim	1098	2	**1187**	1	2285	3	Dec, 06
24	Tamil Nadu					12613	74	Dec, 06
25	Tripura	5849	92	5390	68	11239	60	Dec, 06
26	Uttrakhand	4170	0	3638	0	7808	0	Dec, 06
27	Uttar Pradesh	27444	31	21338	8	48782	39	Dec, 06
28	West Bengal	47872	649	42030	502	89902	**1151**	Dec,06
29	A&N Islands	340	6	224	6	564	**12**	Dec,06
30	Chandigarh					2289	37	Dec. except Jan. to Mar, 06
31	D&N Heveli	30	1	24	0	54	**1**	Dec, 06
32	Daman & Diu	4	0	1	0	5	0	Feb., Aprl, Nov. & Dec, 06
33	Delhi	12148	216	7689	135	19837	351	Dec,06
34	Lakshadweep	29	0	32	1	61	**1**	Dec, 06
35	Puducherry	1934	5	1492	0	3426	5	Dec,06
	TOTAL	336151	1940	281985	1291	681560	3342	

Notes ../NR Not Reported/Not received

Central Bureau of Health Intelligence

Source: Monthly Health Condition Reports of States/UTs, Directorate of Health Services.

States/UTs wise Cases and Deaths Due to Pneumonia in India, 2007

SI. No	State/UT	Male		Female		Total		Reference Period upto
		Cases	Deaths	Cases	Deaths	Cases	Deaths	
1	2	3	4	5	6	7	8	9 9
1.	Andhra Pradesh	38121	130	37396	,83	75517	213	Dec, ,0
2.	Arunachal Pradesh							N
3.	Assam	2745	7	2116	3	4861	10	May, 07
4.	Bihar							N
5.	Chhattisgarh	15282	18	5899	11	21181	29	Dec, 07
6.	Goa	40	1	37	0	77	1	Dec, 07
7.	Gujarat	3252	84	2631	56	5883	140	Dec, ,0
8.	Haryana	2459	12	2068	6	4527	18	Aug., ,0
9.	Himachal Pradesh	16023	51	15042	28	31065	79	Dec, ,0
10	Jammu Div.	43748	0	29155	0	72903	0	Dec, ,0
	Kashmir Div.	7268	0	5384	0	12652	0	Dec, ,0
11	Jharkhand	1882	1	1147	0	3029	1	Aug., 07
12	Karnataka	14568	78	13580	39	28148	117	Sept., ,0
13	Kerala	8324	51	7335	37	15659	88	Dec ,0
14	Madhya Pradesh	25137	26	23057	19	48194	45	Dec, ,0
15	Maharashtra *	20738	61	19404	54	40142	115	Dec, ,0
16	Manipur	928	19	775	6	1703	25	Nov., ,0
17	Meghalaya	990	7	797	4	1787	11	July, ,0
18	Mizoram	2673	48	2419	36	5092	84	Dec, ,0
19	Nagaland	299	0	141	0	844	6	Dec, ,0
20	Orissa	8488	67	6745	39	15233	106	Oct., ,0
21	Punjab	4471	41	3566	24	8037	65	Dec, ,0
22	Rajasthan	19500	40	15154	21	34654	61	July ,0
23	Sikkim	913	3	462	3	1375	6	Dec, ,0
24	Tamil Nadu			, .		4597	9	Nov. ,0
25	Tripura	2384	71	1919	54	4303	125	Dec ,0
26	Uttrakhand	4235	4	6302	8	10537	12	Dec. ,0
27	Uttar Pradesh	63618	206	51343	168	114961	374	Dec. ,0
28	West Bengal	28589	362	26373	258	54962	620	Sept. ,0
29	A&N Islands	590	6	615	3	1205	9	Dec. ,0 except Oct.
30	Chandigarh	..				3377	53	Dec. ,0
31	D&N Heveli	43	0	32	0	75	0	Dec ,0
32	Daman & Diu	7	I	6	0	13	1	Dec. ,0
33	Delhi	19177	258	12580	160	31757	418	Dec. ,0
34	Lakshadweep	12	0	10	1	22	1	Sept., ,0
35	Puducherry	1216	15	802	8	2018	23	Dec ,0
	TOTAL:	357720	1668	294292	1129	660390	2865	

Notes: ../NR Not Reported/Not received

Central Bureau of Health Intelligence

Source: Monthly Health Condition Reports of States/UTs, Directorate of Health Services.

(b) and (c) The main cause of higher mortality amongst pneumonia cases in children is the delay in seeking medical attention by families due to non recognition of danger signs in a sick newborn and child.

The Government of India, in order to address mortality due to pneumonia, has launched the Integrated Management of Neonatal and Childhood Illnesses (IMNCI), a child survival strategy, which aims to train the baseline workers in the management of main causes of morbidity and mortality amongst children, namely measles, malaria, pneumonia, diarrhoea and malnutrition in a holistic manner at both community level as well as the health facility level. Early and prompt treatment with a full course of effective antibiotics is key to reducing penumonia deaths. This initiative is being implemented throughout the country in a phased manner.

As a part of the community initiative of the IMNCI strategy families are counselled on early recognition of danger signs in a sick newborn and child so that families recognize the symptoms early and seek timely treatment and facilities and avoid delay.

Sale of milk not containing vitamin 'A'

t*474. MS. SUSHILA TIRIYA: Will the Minister of AGRICULTURE be pleased to state:

(a) whether Government has taken cognizance of the fact that toned milk does not contain vitamin 'A' due to which the children are falling victim to the diseases caused by the deficiency of vitamin 'A';

(b) the steps taken by Government to ensure the sale of milk containing vitamin 'A' throughout the country; and

(c) by when legal obligation would be imposed in this direction?

THE MINISTER OF AGRICULTURE (SHRI SHARAD PAWAR):.(a) Vitamin *'A'* is fat soluble and therefore its concentration in milk goes down with the decrease in the fat content of milk. Toned milk which contains 3% fat is not lacking in Vitamin 'A'.

(b) Variants of milk with different content of fat and Vitamin 'A' are already available in the market. Mother Dairy and some of the State Dairy Federations are also marketing Vitamin 'A' fortified milk since 1980.

(c) Question does not arise in view of reply to (b) above.

New medical, dental and nursing colleges in the country

•475. SHRI LALHMING LIANA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) how many medical colleges, dental colleges and nursing colleges were opened by the Government of India during the last three years along with the locations thereof; and

(b)the names of States which do not have medical colleges in the country and the steps taken by the Government of India to impart medical education to the aspiring students of those States?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAM DOSS): (a) and (b) The Central Government has granted permission for opening of 42 Medical colleges, 83 Dental colleges and 567 Nursing colleges during the last three years. The State-wise list of such medical colleges is at Statement-I, II & III. *(See* below).

2. The name of the States/UTs which do not have medical college is given at Statement-IV. *(See* "below). The Central Government maintains a Central Pool of MBBS and BDS seats, contributed by States/UTs/Medical Institutions, for allocation of the same to those states/UTs, which do not have any Medical colleges. The number of Central Pool MBBS seats allocated to these States/UTs during the last three academic years is at Statement-V.

t Original notice of the question was received in Hindi.